

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Denise Jones	COURT CASE NUMBER 22-cv-893-ALC
DEFENDANT Atlantic Records et al	TYPE OF PROCESS Summons & Complaint

**SERVE
AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
1501 Certified Entertainment
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
207 Reinerman Street Houston Texas 77001

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Denise Jones 73 Knox Avenue Pittsburg, PA 15210	Number of process to be served with this Form 285 Number of parties to be served in this case Check for service on U.S.A.
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SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Signature of Attorney other Originator requesting service on behalf of: <i>Ashley A.</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 2/22/2022
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. 054	District to Serve No. 054	Signature of Authorized USMS Deputy or Clerk <i>[Signature]</i>	Date 2/22/22
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above) 1501 CERTIFIED ENTERTAINMENT	Date 6/30/22	Time 1700	<input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy <i>[Signature]</i>		

Costs shown on attached USMS Cost Sheet >>

REMARKS

SKRQUICK FEE / HR = 65
MI FEE 6.8 hr. = 4.25
TOTAL = 69.25